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CONFIRMATION NO. 8554

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/785,473		705	3691	AI 7391 C1

APPLICANTS

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** CONTINUING DATA ****

This application is a CIP of 09/629,323 07/31/2000 PAT 7,260,548
 which claims benefit of 60/189,551 03/15/2000

** FOREIGN APPLICATIONS ****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **
 05/15/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Verified and Acknowledged	/GREGORY L JOHNSON/ Examiner's Signature	Initials	IL	11	28	10

ADDRESS

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 UNITED STATES

TITLE

Long term disability overpayment recovery service with interactive client component

FILING FEE RECEIVED 758	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit